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*EXAMINER INITIAL		DOCUMENT NUMBER	DATE		NAME .		SUBCLASS	FILING DATE IF APPROPRIATE	
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OTHER DOCUMENT(S) (Including Author, Title, Date, Pertinent Pages, Etc.)									
EXAMINER DATE CONSIDERED 5/19/06									

\*EXAMINER: Latial if reference considered, whether of not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Sheet 1 of 1 .